Austin, Texas 78711-2070

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The C/OH Instruction G	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST BOB	C , suffix	OFFICE USE ONLY  Date Received RECEIVE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address  5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	STATE: ZIP CODE  ANCH, TX 75234  EXTENSION	JUN 0 9 201  Date Hand-delivered on Postmarked GEF 1S  Receipt # Amount  Date Processed	
PHONE  6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  TAN  NICKNAME LAST  WOODY	MI SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  3415 CNAPPHER AC L  FARMERS BRANCH,		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 243 - 5908	EXTENSION		
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500  Ilmit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Morth Day Year THROUGH	Month Day	Year / / Y	
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Spedal	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT known		
GO TO PAGE 2				

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME B	0B C	PHELIS	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME	JUN 0 9 2014	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	CITY MANAGER'S OF	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
	I	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		
EXPENDITURE TOTALS	3. TOTAL F	L POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		
	4. TOTAL POLITICAL EXPENDITURES \$ 4582. 67			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 942. 28		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
	LAJEANA MARIE 1 Notary Public, State My Commission December 19,	is true and correct and includes me under Title 15, Election Code Expires 2015	of perjury, that the accompanying report all information required to be reported by the state of	
AFFIX NOTARY STAN	IP / SEAL ABOVE	29 10		
Sworn to and sub	scribed before		my hand and seal of office.	
Ja Glan	em. The	ons La Jeane M. Tha	es Notary	
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The instruction Guide explains how to complete this form.			1 Total pages Sci	hedule A:
2 FILER NAM	BOB C. PHELPS		3 ACCOUNT # (E	Ethics Commission Filers)
5/9/14	5 Full name of contributor out-ol-state PAC (ID#_  # AROLD RAW FOR 0  6 Contributor address; City; State; Zip Code  2624 Mt. VIEW		7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
9 Principal occ	FARMENS BRANCH  Supation / Job title (See Instructions)	7X 75234 10 Employer (See	(if travel outside	of Texas, complete Schedule T)
/R Date	EE TRIMMING CO	SELF	miad actions)	
	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
	FARMOR BRANCH TR	75234	100.00	
Principal occu	upation / Job title (See instructions)	Employer (See 1	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor  out-of-state PAC (Internal PAC)			
	CHARLES + CAROLYN HON'S Contributor address; City; State; Zip Code 2784 ROLLING DIFLE	P B B B B B B B B B B B B B B B B B B B	Amount of contribution (\$)	In-kind contribution description (if applicable)
	pation / Job title (See instructions)	75234	(If trave) outside o	of Texas, complete Schedule T)
	RETIPES	Employer (See In	nstructions)	( Albada College )
5/19/14	Full name of contributor out-of-state PAC(ID#_  RUTH SHANAISAN  Contributor address; City; State; Zip Code  8523 THACKENY #62  DALIAS TO 75225	02	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	petion / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
1/20/14	Full name of contributor out-of-state PAC (ID#_  EZIZABETN VILLAFRANCA Contributor address: City: State: Zip Code  3130 BROOK HOLLOW  FARMENS BRANCIA, TX	75' 234	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru	THIS SCHEDULE A	S NEEDED	QQLijromonte

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	e instruction Guide explains how to complete th	ils form.	1 Total pages Sci	hedule A:
2 FILER NAMI	BOB C. PHEROS		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 6-4-14	3415 CNAPPARALAL FARMENLS BRANCH	D-	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)  12. 46  Positive
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#; Contributor address; City; State; Zip Code		Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See	(If travel outside of Instructions)	Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	nation / Job title (See Instructions)	Employer (See II	(If travel outside of natructions)	Texas, complete Schedule T)
Date	Full name of contributor  out-of-state PAC (ID#_		Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

## POLITICAL EXPENDITURES

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule F:	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to  Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F The Instruction Guide explains how to	ontract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)		
4 Date 5-5-14	5 Payee name CITY OF FARMERS BRA	-NCH		
6 Amount (\$)	7 Payee address; City; State; Zip Code 13000 WW. Dopson Prwy FARMERS BRANCH, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Il travel outside of Texas, complete Schedule T)  SENION BREAKFAST		
9 Complete <u>QNLY</u> If direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date 5-9-14	PAINTEN COMMUNICATIONS			
Amount (\$)	Payee address; City; State; Zip Code 15 MAPLE ST. # 203 CON Stroftocken, PA 194	22		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Soul CITATION	Description (If travel outside of Texas, complete Schedule T)  Robo CALL		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held		
Date 5-/3-/4	Payee name PRINTING ETC.			
Amount (\$)  /34/. 84	Payee address: City; State; Zip Code  3/V/ Thurng BLVD 9-2/5  DALLAS, TO 75247			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  PAINTING EX PENSE	Description (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name oH	Office sought Office held		
5-17-14	Payee name  OFFICE DEPOT			
Amount (\$) //0.83	Payee address: City; State; Zip Code 3801 BETTINE ADDISON, TX 7500/			
PURPOSE OF EXPENDITURE	PRINTING Expense	Description (If travel outside of Texes, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## POLITICAL EXPENDITURES

#### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	entract Labor Loan Repayment/Relmbursement	
Accounting/Banking	Legal Services Solicitation/Fundral	Ising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of Dist		
Fees	Printing Expense Office Overhead/R	ental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
	BOB C. PHELPS	Control of the Contro	
A Data			
4 Date 5-20-14	5 Payee name		
3-20-17	PRINTING, ETC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	7		
935.60	3/41 FRUING BLUD ST.	215	
	DACLAS TO 75242		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		
OF	(299 Categories listed at the top of this schedule).	(b) Description (Il travel outside of Texas, complete Schedule T)	
EXPENDITURE	PEINTING EXPENSE		
0.0			
9 Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
experience to belieff Orc	711		
Date	Payee name		
6-2-14			
	BOOKER LNOUSTRIED		
Amount (\$)	Payee address; City; State; Zip Code		
( July )	2344 FARE, NOTON		
30.			
	DAMAS, TR 75207		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If Iravel outside of Texas, complete Schedule F)	
OF			
EXPENDITURE	OTHER	/ '- <b>/</b> -	
EXI ENDITORE	0/1767	Cotic CIST	
Complete ONLY if direct	Candidate / Officeholder name		
	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H  Payee name		
Complets ONLY if direct expenditure to benefit C/O	Payee name  PAINTING ETC		
Complete ONLY if direct expenditure to benefit C/O	Payee address; City; State; Zip Code	Office sought Office held	
Complets ONLY if direct expenditure to benefit C/O	Payee address; City; State; Zip Code		
Complete ONLY if direct expenditure to benefit C/O  Date  6-3-/4  Amount (\$)	Payee name Payee address; City; State; Zip Code 3141 ZAUING BUND Si	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47	Payee name Payee address; City; State; Zip Code 3141 IAUING BUND State  PAULAS TX 75247	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ JAU/NG B WD Si  DAUGS X 7/247  Category (See categories ilstad at the top of this schedule)	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF	Payee name Payee address; City; State; Zip Code 314/ ZAUING BUND SI  PAYER Category (See categories ilstad at the top of this schedule)	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3141	Office sought Office held	
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Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Payee name Payee address; City; State; Zip Code 3141 ZAUING BUND SI DAUGAS TX 7/247 Category (Sea categories ilisted at the top of this schedule) PAUTING EXPENSE Candidate / Officeholder name	Office sought Office held  T. 2/5  Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date	Payee name Payee address; City; State; Zip Code 314/ ZAUING BLVD Si PALLAS IX 75247 Category (See categories ilstad at the top of this schedule) PAUTING EXPENSE Candidate / Officeholder name H	Office sought Office held  T. 2/5  Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  314/ IAU/NG B WD Si  PAUCAS X 7/247  Category (See categories ilstad at the top of this schedule)  PRINTING EXPENSE  Candidate / Officeholder name  H  Payee name	Office sought Office held  C., 2/5  Description (If travel outside of Texas, complete Schedule T)  Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  314/ IAU/NG B WD Si  PAUCAS X 7/247  Category (See categories ilstad at the top of this schedule)  PRINTING EXPENSE  Candidate / Officeholder name  H  Payee name	Office sought Office held  C., 2/5  Description (If travel outside of Texas, complete Schedule T)  Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  314/ IAU/NG B WD Si  PAUCAS X 7/247  Category (See categories ilstad at the top of this schedule)  PRINTING EXPENSE  Candidate / Officeholder name  H  Payee name	Office sought Office held  C., 2/5  Description (If travel outside of Texas, complete Schedule T)  Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ ZAVING B LVD Si  Category (See categories ilstad at the top of this schedule)  PRINTING EXDENSE  Candidate / Officeholder name  H  Payee name	Office sought Office held  C., 2/5  Description (If travel outside of Texas, complete Schedule T)  Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  314/ IAU/NG B WD Si  PAUCAS X 7/247  Category (See categories ilstad at the top of this schedule)  PRINTING EXPENSE  Candidate / Officeholder name  H  Payee name	Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ ZAVING B LVD S  Category (See categories ilstad at the top of this schedule)  Payee name  Candidate / Officeholder name  H  Payee name  Payee address; City; State; Zip Code  3/4/ ZAVING B LVD S  DALLAS / X 7/24/	Office sought  Office held  C., 2/J  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  603.	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ Category (Sea categories ilsted at the top of this schedule)  Payee name  Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ Category (Sea categories listed at the top of this schedule)  Candidate / Officeholder name	Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  603.00  PURPOSE	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ ZAVING B LVD S  Category (See categories ilstad at the top of this schedule)  Payee name  Candidate / Officeholder name  H  Payee name  Payee address; City; State; Zip Code  3/4/ ZAVING B LVD S  DALLAS / X 7/24/	Office sought  Office held  C., 2/J  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  603.  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ LAUNG BLVD S  Category (See categories ilsted at the top of this schedule)  Payee name  Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ LAUNG BLVD S  Category (See categories listed at the top of this schedule)  Payee name  Category (See categories listed at the top of this schedule)  PANTING EXPENSE	Office sought  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O  Date  G-3-/Y  Amount (\$)  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  G-3-/Y  Amount (\$)  GO3.  PURPOSE  OF	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ ZAUNG BLVD SI  Category (See categories ilsted at the top of this schedule)  Payee name  Candidate / Officeholder name  Payee address; City; State; Zip Code  3/4/ ZAUNG BLVD SI  Category (See categories listed at the top of this schedule)  Payee name  Category (See categories listed at the top of this schedule)  PANTING EXPENSE  Candidate / Officeholder name	Office sought  Office held  C., 2/J  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct of the complete OF EXPENDITURE  Complete ONLY if direct of the complete ONLY if direct on the complete ONLY if direct of the complete ONLY	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ ZAUNG BLVD SI  Category (See categories ilsted at the top of this schedule)  Payee name  Candidate / Officeholder name  Payee address; City; State; Zip Code  3/4/ ZAUNG BLVD SI  Category (See categories listed at the top of this schedule)  Payee name  Category (See categories listed at the top of this schedule)  PANTING EXPENSE  Candidate / Officeholder name	Office sought  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  230.47  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 6-3-/4  Amount (\$)  CO3.07  PURPOSE OF EXPENDITURE  Complete ONLY if direct of the complete ONLY if direct on the complete ONLY if direct of the	Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code  3/4/ ZAUNG BLVD SI  Category (See categories ilsted at the top of this schedule)  Payee name  Candidate / Officeholder name  Payee address; City; State; Zip Code  3/4/ ZAUNG BLVD SI  Category (See categories listed at the top of this schedule)  Payee name  Category (See categories listed at the top of this schedule)  PANTING EXPENSE  Candidate / Officeholder name	Office sought  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)  Office sought  Office held  Office sought  Office sought  Office sought  Office held	

## POLITICAL EXPENDITURES

## SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense			n Repayment/Reimbursement	
Accounting/Banking			nsportation Equipment & Related Expense	
Consulting Expense			tributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/F	·	HER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME D		3 ACCOUNT # (Ethics Commission Filers)	
	BOB C. PHERDS			
4 Date	5 Payee name		I	
6-4-14	VICTORIAS RESTAUR	A . / ***	1	
6 Amount (\$)	7 Payee address; City; State; Zip Code	(N)		
D. WINDLINE (D)	13435 BOS ST			
360.	15/02 15/03/20 2 2 2 2			
360.	FARMERS BRACH TR	75234		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)			
OF		(b) Description (life	aval outside of Texas, complete Schedule T)	
EXPENDITURE	FOOD / BEVENUE	WATEN	Prary	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	DH .			
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
6-7-14				
	DRANCH GORUM			
Amount (\$)	Payee address; City: State; Zip Code	Y		
c			18	
500.	FARMERS BLENCH, TR	75234		
PURPOSE	Category (See categories listed at the top of this schedule)		evel outside of Texas, complete Schedule T)	
OF EXPENDITURE	PRINTING		The state of the s	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
exhaunting to patient CVC	<del></del>			
Date	Payes name			
6-7-14	FLEX PRESS	5		
Amount (\$)	Payee address; City; State; Zip Code			
(4)	4410 SPRING VALLEY RD			
64.24	7010 STRING VALLEY RD			
69.0	DALLAS DU 25361			
PURPOSE	Category (See categories listed at the top of this schedule)	F 5		
OF		Description (if the	avel outside of Texas, complete Schedule T)	
EXPENDITURE	PRINTING EXPENSE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payas says			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE				
-AF LINDH VKE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expanditure to benefit C/	он	-		
ATTACH ADDITIONAL CODIES OF THE DOUGDLE & A CAMPAGE				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				